


FORM 1	State of Washington Department of Ecology 	WASHINGTON STATE DANGEROUS WASTE PERMIT GENERAL INFORMATION <i>(Read "Form 1 Instructions" before starting)</i>	I. EPA/STATE I.D. NUMBER <table><tr><td>W</td><td>A</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>8</td><td>9</td><td>6</td><td>7</td></tr></table>	W	A	7	8	9	0	0	0	8	9	6	7
	W	A	7	8	9	0	0	0	8	9	6	7			

II. NAME OF FACILITY				
US DEPARTMENT OF ENERGY - HANFORD FACILITY				
III. FACILITY CONTACT				
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)	
WAGONER, JOHN MANAGER			509 376 7395	
IV. FACILITY MAILING ADDRESS				
A. STREET OR P.O. BOX				
PO BOX 550				
B. CITY OR TOWN		C. STATE	D. ZIP CODE	
RICHLAND		WA	99352	
V. FACILITY LOCATION				
A. STREET, ROUTE NO., OR OTHER SPECIFIC IDENTIFIER				
HANFORD SITE				
B. COUNTY NAME				
BENTON				
C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE
RICHLAND		WA	99352	005
VI. SIC CODES (4-digit, in order of priority)				
A. FIRST		B. SECOND		
9999	NONCLASSIFIABLE	4953	REFUSE SYSTEMS	
C. THIRD		D. FOURTH		
9511	AIR AND WATER RESOURCE AND SOLID WASTE MANAGEMENT			
VII. OPERATOR INFORMATION				
A. NAME				B. Is the name listed in item VII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO * *
DEPARTMENT OF ENERGY, RICHLAND OPERATIONS				
BECHTEL HANFORD INC. (BHI)				

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify)				D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	F	(specify)	509 376 7395	
E. STREET OR P.O. BOX			509 376 4645		
PO BOX 550 / PO BOX 969					
F. CITY OR TOWN		G. STATE	H. ZIP CODE	VIII. INDIAN LAND	
RICHLAND		WA	99352	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
** DOE-RL: OWNER/OPERATOR		BHI: CO-OPERATOR FOR CERTAIN UNITS ON THE HANFORD SITE			
IX. MAP					
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.					
X. NATURE OF BUSINESS (provide a brief description)					
<ul style="list-style-type: none">• NONCLASSIFIABLE - GENERAL• REFUSE SYSTEMS• AIR AND WATER RESOURCE AND SOLID WASTE MANAGEMENT					
XI. CERTIFICATION (see instructions)					
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.					
A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
SEE ATTACHMENT					

FORM 1

DANGEROUS WASTE PERMIT GENERAL INFORMATION

XI. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John D. Wagoner6/30/94

Owner/Operator

John D. Wagoner, Manager

Date

U.S. Department of Energy

Richland Operations Office

Edward S. Keen6/30/94

Co-operator

Edward S. Keen, President

Date

Bechtel Hanford, Inc.

